PAGE 1/8 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Wisconsin 148 E. Johnson St. ADDRESS (number and street) (Check if address is changed) Madison 53703 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aspectrfai@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wisgop.org (Check if address is changed) DATE 2020 C00074450 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Westrate, Brian, , , Type or Print Name of Treasurer Westrate, Brian, , , [Electronically Filed] 01 28 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC	C Form 1 (Revised 02/2009) Page	2
	OF COMMITTEE date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the calinformation below.)	ndidate
Name of Candidat		
Candidat Party Aff	7.1117	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee: (National, State (Democratic,	
(d)	This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican,	
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperative	re
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds for two or more procedures for the procedures for the procedure for two or more procedures for the procedure for the procedures for the procedures for the procedure for the p	olitical
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.	olitical
С	Committees Participating in Joint Fundraiser	
1	. J	
2	2.	
3	3.	
4		-

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	r age o
Republican Party of Wisconsin	
	in BAC Spansor
	p PAC Sporisor
NRSC TARGETED STATE VICTORY FUND	
PO BOX 9891 Mailing Address	
ARLINGTON VA 22219	
CITY STATE Z	IP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Lead	lership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records. 	ession of committee
Wileman, Jordan , , ,	I
Full Name	
Mailing Address	
52702	
Madison WI 53703	
Title or Position CITY STATE Z	IP CODE
Compliance Telephone number 608 – 20	57 - 8031
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the nam any designated agent (e.g., assistant treasurer).	e and address of
Full Name Westrate, Brian, , ,	1
of Treasurer 148 E Johnson Street	
Mailing Address	
Madison 53703	
CITY STATE ZI Title or Position	IP CODE
Treasurer 608 25	57 - 4765

120 101111	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Jefferson, Mark, , ,	
Mailing Address	148 E Johnson St.	
	Madison WI 53703 CITY STATE Z	IP CODE
Title or Position Executive Directo	or Telephone number 608 – 29	57 4765
	Depositories: List all banks or other depositories in which the committee deposits funds, holds	
safety deposit box Name of Bank, De	es or maintains funds.	
safety deposit box Name of Bank, De	es or maintains funds. epository, etc. BMO Harris Bank N.A.	
safety deposit box Name of Bank, De	BMO Harris Bank N.A. 1 W Main St. Madison WI 53703	ZIP CODE
safety deposit box Name of Bank, De	BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Z	ZIP CODE
Name of Bank, De Name of Bank, De Name of Bank, De Name of Bank, De	BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Z	ZIP CODE
Name of Bank, De Name of Bank, De Name of Bank, De Name of Bank, De	BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Zepository, etc.	ZIP CODE
Safety deposit box Name of Bank, De Mailing Address	epository, etc. BMO Harris Bank N.A. 1 W Main St. Madison CITY STATE Z EPOSITORY, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisir	g Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai FUND.	sing Representative	, or Leadership PAC Sponsor
Mailing Address	1818 MILTON AVENUE #1448		
	JANESVILLE	WI	53545
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	undraising Representa	tive Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number - optional)		
Full Name			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	1	STATE A	ZIP CODE A
	•	STATE A	ZIP CODE A
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or material boxes or material boxes. Chain	Tele	phone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Tele vries: List all banks or other depositories in which the aintains funds.	phone Number	
TITLE OR POSITION Banks or Other Depositor safety deposit boxes or material boxes or material boxes. Chain	Telestries: List all banks or other depositories in which the aintains funds. Bridge Bank N.A.	phone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the aintains funds. Bridge Bank N.A. 1445 Laughlin Avenue	e committee deposits	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	Telestries: List all banks or other depositories in which the aintains funds. Bridge Bank N.A.	phone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisir	g Participant:				
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	C
lame of Any Connected	Organization, Affiliated C	ommittee, Joint Fur	ndraising Repre	esentative	e, or Leadership PAC Spons
TAKE BACK THE	HOUSE 2020				
1					
Mailing Address	PO BOX 30844				
	BETHESDA		1	MD	20824
Relationship:		CITY A		STATE A	ZIP CODE ▲
esignated Agent: Identif					
	y by name, address (phone	number – optional)		1 1 1	
Full Name	y by name, address (phone	number – optional)			
	y by name, address (phone	number – optional)			
Full Name	y by name, address (phone	number – optional)			
Full Name					
Full Name	CI	number — optional)	ST	TATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main and the property of the pr	ries: List all banks or other aintains funds. SON BANK 1 S MAIN ST	TY A	Telephone Nur	e deposits	ZIP CODE ZIP CODE
Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor defety deposit boxes or mail depository, etc.	ries: List all banks or other aintains funds. SON BANK	TY A	Telephone Nur	nber	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
TRUMP VICTOR	Y _		
	C/O RED CURVE SOLUTIONS		
Mailing Address			
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		nt Fundraising Represent	ative Leadership PAC Sp
Connected	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
Connecter connec		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
Connected esignated Agent: Identify Full Name	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	nt Fundraising Representation	
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing and the same of Bank, VISTA	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	C
3.		FEC ID number	C
4		FEO ID Humbon	U
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address			
	I , , , , <u>, , , , , , , , , , , , , , ,</u>		
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		nt Fundraising Representa	ative Leadership PAC Sp
Connected	d Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
Connected Pesignated Agent: Identify	d Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
Connected Pesignated Agent: Identify Full Name	d Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
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Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Canks or Other Depositor afety deposit boxes or ma	Affiliated Committee Join by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail lame of Bank, WELLS Depository, etc.	Affiliated Committee Join of by name, address (phone number – optional) CITY ries: List all banks or other depositories in which sintains funds. S FARGO BANK	STATE A	ZIP CODE A